

The Commonwealth Council on Developmental Disabilities (CCDD) has a reimbursement grant available for financial assistance for individuals with developmental disabilities and their close support network (parent, therapist, teacher, ect.) to participate in both in and out-of-state leadership development opportunities. The purpose of the fund is to empower individuals to achieve full citizenship and inclusion in their community through education, capacity building and advocacy.

**Who is eligible?**

- A. Qualifying individual - CCDD only considers applications from individuals with developmental disabilities, defined as a severe, life-long disability attributable to mental and/or physical impairments, manifested before age 22. Developmental disabilities results in substantial limitation in 3 or more areas of major life activities: (Developmental Disabilities Act, Section 102(8) )
  - Capacity of independent living;
  - Economic self-sufficiency;
  - Learning;
  - Mobility;
  - Receptive and expressive language;
  - Self-care;
  - Self-direction.

This person is considered the qualifying individual. All applications must include the name of the qualifying individual.

- B. A qualifying individual or a member of the individual’s close support network may request funds; however this will be done under the qualifying individual name.
- C. Any usage of the fund will count toward the total allowable approved funds usage for the qualifying individual.

**How often can a qualifying individual apply?**

The qualifying individual may apply for 2 in-state OR one out-of-state leadership development opportunities per year. Applications are reviewed quarterly, therefore your application must be submitted **PRIOR TO THE QUARTER OF TRAVEL**. Approval will be determined by a rating scale. The Council recognizes that actual expenses may not be available therefore, requested funds may be estimated. Deadlines for each quarter are as follows:

Quarter: Oct 1-Dec. 1	Deadline: Aug. 1
Jan 1-Mar 1	Nov. 1
Apr 1- Jun 1	Feb. 1
Jul 1-Sept 1	May. 1

There is a limit of 3 applicants for out-of-state requests per event.

## What is covered?

The following items are covered under the fund:

Travel (airfare, mileage, etc.)

Meals

Registration

Lodging

Parking fees

Attendant/Respite care

## Reimbursement:

- A. **CCDD does not pre-pay any expenses** related to an approved event. This includes both respite and attendant care related expenses.
- B. CCDD reserves the right to change amounts.
- C. All receipts over \$10.00 must be submitted along with the Travel Reimbursement form. Failure to provide complete documentation within 30 days after event could result in forfeiture of reimbursement.

## Disclaimer:

- A. CCDD reserves the right to decline any application.
- B. CCDD reserves the right to discontinue this grant program at any time.
- C. Supplementation of wages for staff in other publicly funded (waivers) programs may not be requested. i.e. respite/attendant care.\
- D. CCDD Members/ Staff may contact you for more information.
- E. CCDD is expected to be the payor of last resort.
- F. Applications will be given consideration based on sores and available funding.

**LEADERSHIP DEVELOPMENT FUND APPLICATION**

Name of Qualifying Individual: \_\_\_\_\_

\_\_\_\_\_ under 18

\_\_\_\_\_ over 18

Name of Parent/ Guardian (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Individual requesting funds: \_\_\_\_\_

Relationship to the qualifying individual: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

What is the name of the Leadership Development event you wish to attend?

\_\_\_\_\_

Is the event: \_\_\_\_ In-State \_\_\_\_ Out-of State (check one)

Where is the event being held \_\_\_\_\_

(Out-Of-State Only) Are similar resources not available in Kentucky? If no, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are the dates of the event (include travel dates)

\_\_\_\_\_

Have you received CCDD funds to attend this conference before? \_\_\_\_\_

If yes, when? \_\_\_\_\_

What is the purpose of the event:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What new information will be gained from this event and how will it affect the qualifying individual?

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What activities will you do, or plan to do as a result of the training in the areas of advocacy this year?

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If funded what increased opportunities will the qualifying individual have to make choices and decisions for themselves?

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Does the qualifying individual receive any waiver services? If so, which?

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### LEADERSHIP DEVELOPMENT FUND BUDGET SHEET

NAME:		DATE OF CONFERENCE:		
CONFERENCE TITLE:				
	Total Proposed Budget	Other Sources of Funding-(amount)	TOTAL \$ AMOUNT	CCDD USE ONLY
Registration:	\$	\$	\$	
Airfare				
Auto- \$0.50/mile (or current State Rate)				
Ground Transportation/ Parking: (to and from airport)				
Hotel Accommodations: Single ____ Double ____ Rate \$ ____ # of Nights ____				
Meals: Low Rate States    High rate States B-    \$7                \$8 L-    \$8                \$9 D-    \$15               \$16				
Attendant Care/Respite Rate \$ ____ Hours ____				
TOTALS				

Total amount requested from CCDD: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

